MARYLAND
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

EXHIBIT A

STANDARD GRANT AGREEMENT (SGA) REQUEST FOR APPLICATIONS (RFA) (COMPETITIVE)

PROCUREMENT ID NUMBER – PHPA-651 MDM0031044679

Issue Date: April 26, 2019

ACCESS Harm Reduction Grants

NOTICE

A Prospective Applicant that has received this document from the Maryland Department of Health, or that has received this document from a source other than the Procurement Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Procurement Officer and provide the Prospective Offeror's name and mailing address so that addenda to the RFA or other communications can be sent to the Prospective Offeror.

Minority Business Enterprises Are Encouraged to Respond to this Solicitation

STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH

SGA KEY INFORMATION SUMMARY SHEET

Request for Applications:	ACCESS Harm Reduction Grants
Solicitation Number:	PHPA-651 MDM0031044679
RFA Issue Date:	April 26, 2019
RFA Issuing Office:	Maryland Department of Health Center for Harm Reduction Services
Procurement Officer:	Robert Bruce Chief Operations Officer Prevention and Health Promotion Administration 201 W. Preston St. Baltimore, Room 322, MD 21201 Phone: (410)767-0783 Fax: (410) 333-5995 Email: Robert.bruce@maryland.gov
Contract Monitor:	Erin Haas Center for Harm Reduction Services 500 N Calvert Street, Baltimore MD 21202 410-767-2713 (office) Email: erin.haas@maryland.gov
Applications are to be sent to:	Maryland Department of Health Prevention and Health Promotion Administration 201 W. Preston St. Room 322, Baltimore, MD 21201 Attention: Robert Bruce /PHPA-651 MDM0031044679
Closing Date and Time:	May 30, 2019, 2:00 p.m. Local Time

SECTION 1 - GENERAL INFORMATION

1.1 Summary Statement

1.1.1 The Maryland Department of Health (MDH or the Department), Center for Harm Reduction Services is issuing this Request for Applications (RFA) to enhance or initiate harm reduction projects in community-based nonprofit organizations that seek to improve health outcomes for people who use drugs. Grants will support a broad range of project activities that apply the harm reduction framework and 1) provide services to people who are actively using drugs, without the expectation that they stop using drugs, and; 2) engage people who use drugs in a non-judgmental and non-stigmatizing manner, and 3) acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.

1.1.2 Projects that may be funded include, *but are not limited to*, those listed in Attachment C.
The anticipated duration of the grant award provided under this Standard Grant Agreement is **July 1, 2019-September 30, 2020.** A standard grant agreement will be created for approved applications first for July 1, 2019 – June 30, 2020, and then a second standard grant agreement will be created for July 1, 2020 – September 30, 2020.

1.1.3 The Department intends to award up to 30 standard grant agreements on a competitive basis as a result of this announcement. Award amounts will vary.

1.1.4 Applicants, either directly or through their subcontractor(s), must be able to provide all services and meet all of the requirements requested in this announcement and the successful Applicant (the Grantee) shall remain responsible for Grant performance regardless of subcontractor participation in the work.

1.1.5 Applicant must be a nonprofit organization, classified by the IRS as tax-exempt under section 501(c)(3) of the Internal Revenue Code.

1.2 Contract Type

The Contract resulting from this solicitation shall be a firm fixed price.

1.3 Procurement Officer

The sole point of contact in the State for purposes of this announcement prior to the award of any Grant is the Procurement Officer at the address listed below:

Robert Bruce
Procurement Officer
Phone Number: (410)767-0783
Fax Number: (410) 333-5995
E-mail: Robert.bruce@maryland.gov

The Department may change the Procurement Officer at any time by written notice.

1.4 Grant Monitor

The Grant Monitor is:

Erin Haas
Maryland Department of Health
Center for Harm Reduction Services
500 N Calvert Street, 5th floor
Baltimore, MD 21202
Phone Number: (410) 767-2713
E-mail: erin.haas@maryland.gov

The Department may change the Grant Monitor at any time by written notice.

1.5 Questions

Written questions from prospective Applicants will be accepted by the Procurement Officer. Questions to the Procurement Officer shall be submitted via e-mail to the following e-mail address: Robert.bruce@maryland.gov. Please identify in the subject line the Announcement Number and Title.

Questions are requested to be submitted at least five business days prior to the Application due date. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Application due date.

A pre-proposal webinar will be held by MDH to provide additional information and answer questions for all organizations interested in applying. Date, time, and registration information will be made available on http://bit.ly/MDHaccess.

1.6 Applications Due (Closing) Date and Time

Applications, in the number and form set forth in Section 4.2 "Applications" must be received by the Procurement Officer, at the address listed on the Key Information Summary Sheet, **no later than 2:00 p.m. Local Time on May 30, 2019** in order to be considered.

Requests for extension of this time or date will not be granted. Applicants should allow sufficient mail delivery time to ensure timely receipt by the Procurement Officer. Applications received after the due date and time listed in this section will not be considered.

Applications may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in this section for receipt of Applications. Multiple and/or alternate Applications will not be accepted.

Applications must be mailed or hand-delivered. Applications may not be submitted by email or facsimile.

1.7 Award Basis

The Grant shall be awarded to responsible Applicants submitting Applications that have been determined to be the most advantageous to the State, considering price and evaluation factors set forth in this RFA, for providing the activities as specified in this RFA. See RFA Section 5 for further award information.

1.8 Revisions to the RFA

If it becomes necessary to revise this RFA before the due date for Applications, the Department shall endeavor to provide addenda to all prospective Applicants that were sent this RFA or which are otherwise known by the Procurement Officer to have obtained this RFA. Addenda made after the due date for Applications will be sent only to those Applicants that submitted a timely Application and that remain under award consideration as of the issuance date of the addenda.

Acknowledgment of the receipt of all addenda to this RFA issued before the Application due date shall be included in the Transmittal Letter accompanying the Applicant's Project Narrative. Acknowledgement of the receipt of addenda to the RFA issued after the Application due date shall be in the manner specified in the addendum notice. Failure to acknowledge receipt of an addendum does not relieve the Applicant from complying with the terms, additions, deletions, or corrections set forth in the addendum.

1.9 Cancellations

The State reserves the right to cancel this RFA, accept or reject any and all Applications, in whole or in part, received in response to this RFA, to waive or permit the cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified Applicants in any manner necessary to serve the best interests of the State. The State also reserves the right, in its sole discretion, to award a Grant based upon the written Applications received without discussions or negotiations.

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SECTION 2 – MANDATORY REQUIREMENTS

2.1 Applicant Eligibility and Mandatory Requirements

2.1.1 Conditions of award:
Grantees will be required to sign a document agreeing to the following conditions. Grants must also adhere to special terms of award and allowable federal cost limitations, which are described in the guidance document available at bit.ly/MDHaccess.:

1. All funded activities will be conducted with a harm reduction framework, including:

    a) Provision of services to people who are actively using drugs, without the expectation that they stop using drugs; and,

    b) Non-judgmental, non-stigmatizing engagement of people who use drugs; and

    c) Acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible

2. All activities will be conducted in accordance with Maryland and federal law.

3. Services and resources provided to clients through this grant will be provided free of charge.

4. Entity staff will participate in monitoring activities by MDH as requested. This may include, but is not limited to, phone check-ins, surveys, and/or site visits by MDH to verify that project activities are being conducted in the manner proposed in the application.

5. Entity staff will provide detailed fiscal reports to MDH upon request.

6. In the event that MDH discovers project activities are not being conducted in the proposed manner, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.

7. In the event that MDH discovers application information was intentionally falsified or the entity was misrepresented, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.

8. Entity staff will participate in training and capacity-building activities as required by MDH.

9. Entity staff will notify MDH of any changes to relevant staff and project activities supported by the grant within 30 days of the change.

2.1.2 Nonprofit status requirement:
Applicant or applicant's fiscal sponsor must be a nonprofit organization, classified by the IRS as tax-exempt under section 501(c)(3) of the Internal Revenue Code. Proposals must include attachments of the following documentation from either the applicant or the applicant's fiscal sponsor organization:

- Documentation of tax-exempt status of the applicant or the applicant's fiscal sponsor (i.e. IRS tax-exempt status determination letter)

2.1.3 Letter of support
Selected applicants are required to submit a letter of support for their project or organization from their jurisdiction's Health Officer. Letters will be required by MDH before funding can be awarded. Applicants

should begin conversations to receive this letter of support before submitting an application; this letter of support is required to receive the award, but is not required to submit an application. Please contact mdh.access@maryland.gov with any question about this requirement.

2.1.4 Special terms of award (for projects funded by SAMHSA State Opioid Response Grant or SOR[1])

1. SOR funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.

2. SOR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g. HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale self-pay among others.

3. SOR funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an opioid use disorder or to individuals with a demonstrated history of opioid overdose problems. Grantees are expected to report data as required in the FOA and to fully participate in any SAMHSA-sponsored evaluation of this program.

4. Recipients must establish written policies and procedures to prevent employees, consultants, and others (including family, business, or other ties) involved in grant supported activities, from involvement in actual or perceived conflicts of interest. The policies and procedures must:

    a) Address conditions under which outside activities, relationships, or financial interests are proper or improper;

    b) Provide for advance disclosure of outside activities, relationships, or financial interests to a responsible organizational official;

    c) Include a process for notification and review by the responsible official of potential or actual violations of the standards; and

    d) Specify the nature of penalties that may be imposed for violations.

5. A conference is defined as a meeting, retreat, seminar, symposium, workshop or event whose primary purpose is the dissemination of technical information beyond the non-Federal entity and is necessary and reasonable for successful performance under the Federal award.

    When a conference is funded by a grant or cooperative agreement, the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites): Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of Page 9 trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

6. As applicable, recipients agree to the requirements for intellectual property, rights in data, access to research data, publications, and sharing research tools, and intangible property and copyrights as described in 45 CFR § 75.322 and the HHS Grants Policy Statement. Recipients may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. SAMHSA reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

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[1] Extracted from: https://www.samhsa.gov/sites/default/files/grants/samhsa_fy_2018_standard_terms_and_conditions-all_awards.pdf
Also refer to: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

7. Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. U.S.C. > Title 18 > Part I > Chapter 93 > Section 1913, No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation; but this shall not prevent officers or employees of the United States or of its departments or agencies from communicating to any such Member or official, at his/her request, or to Congress or such official, through the proper official channels, requests for any legislation, law, ratification, policy, or appropriations which they deem necessary for the efficient conduct of the public business, or from making any communication whose prohibition by this section might, in the opinion of the Attorney General, violate the Constitution or interfere with the conduct of foreign policy, counter-intelligence, intelligence, or national security activities. Violations of this section shall constitute as a violation of section 1352 (a) of Title 31.

8. The Drug-Free Workplace Act of 1988 (41 U.S.C. § 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace.

9. Recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age, and in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency.

10. The regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is Federally assisted in any manner (42 CFR 2.12b). Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with 42 CFR Part 2. The recipient is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

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SECTION 3 – SCOPE OF WORK

3.1 Background and Purpose

3.1.1 Introduction

ACCESS (Advancing Cross-Cutting Engagement and Service Strategies) is a platform created by the Maryland Department of Health to centralize harm reduction resources provided by the Department to local health departments and community-based organizations. Local health departments and community-based organizations can visit the ACCESS website to learn about application opportunities, including opportunities for in-kind support and grants, and their relevant deadlines and background information. For more information about MDH's ACCESS initiative, please visit the ACCESS webpage at http://bit.ly/MDHaccess.

Harm reduction programs serve individuals that are not engaged and/or not ready to engage in treatment and at high risk for overdose and other drug-related harms. The 2014 National Survey on Drug Use and Health data show that 21.2 million Americans ages 12 and older needed treatment for an illegal drug or alcohol use problem in 2014. However, only about 2.5 million people received the specialized treatment they needed in the previous 12 months. ACCESS will create and strengthen harm reduction services that meet the needs of this population. In Maryland, this was about 51%.

ACCESS resources aim to improve the ability of local health departments and community-based organizations to serve people who use drugs. Resources will support a broad range of activities that apply the harm reduction framework. Local health departments and community-based organizations that receive ACCESS resources must:

a) Provide services to people who are actively using drugs, without the expectation that they stop using drugs, and;
b) Engage people who use drugs in a non-judgmental and non-stigmatizing manner; and,
c) Acknowledge the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.

3.1.2 Public Health Crisis for People Who Use Drugs in Maryland

People who use drugs (PWUD) are at high risk for premature death and poor health outcomes.[2] This is driven by overdose[3], Hepatitis C virus (HCV), infections[4], HIV[5], and social determinants of health such as homelessness[6], incarceration[7], poverty[8] and structural racism[9].

As opioid use has become more widespread, and the heroin supply increasingly adulterated, rates of morbidity and mortality in this population have increased significantly. This is particularly true in Maryland, where new HCV cases

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[2] Shiels MS, Chernyavskiy P, Anderson WF, Best AF, Haozous EA, Hartge P, Rosenberg PS, Thomas D, Freedman ND, de Gonzalez AB. Trends in premature mortality in the USA by sex, race, and ethnicity from 1999 to 2014: an analysis of death certificate data. The Lancet. 2017 Mar 11;389(10073):1043-54.

[3] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999-2016.

[4] Zibbell JE, Asher AK, Patel RC, Kupronis B, Iqbal K, Ward JW, Holtzman D. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. American journal of public health. 2018 Feb;108(2):175-81.

[5] https://www.cdc.gov/hiv/group/hiv-idu.html

[6] Linton SL, Celentano DD, Kirk GD, Mehta SH. The longitudinal association between homelessness, injection drug use, and injection-related risk behavior among persons with a history of injection drug use in Baltimore, MD. Drug and alcohol dependence. 2013 Oct 1;132(3):457-65.

[7] Genberg BL, Astemborski J, Vlahov D, Kirk GD, Mehta SH. Incarceration and injection drug use in Baltimore, Maryland. Addiction. 2015 Jul;110(7):1152-9.

[8] Walker ER, Druss BG. Cumulative burden of comorbid mental disorders, substance use disorders, chronic medical conditions, and poverty on health among adults in the USA. Psychology, health & medicine. 2017 Jul 3;22(6):727-35.

[9] Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. The Lancet. 2017 Apr 8;389(10077):1453-63.

have increased by 55.8% from 2009 to 2015[10], with the CDC attributing the overall rise in new HCV cases to the rise in injection drug use.[11] The number of overdose deaths in Maryland has nearly doubled since 2010, reaching 1,259 deaths in 2015.[12] Compared to the 1,041 deaths in 2014, this represented a 21% increase statewide. Nationally, the increase from 2014 to 2015 was 11.4%, placing Maryland above the national average in overdose death rates every year from 2010 to 2015.[13] The trajectory of overdose deaths in Maryland continued upward in 2016, reaching an all-time annual high of 2,089 deaths. A major driver of opioid deaths has been fentanyl; fentanyl-related deaths rose by 42% in 2017.[9]

The reasons for low engagement with healthcare services among people who use drugs include self-stigma,[14,15] perceived discrimination in healthcare settings,[16] negative attitudes of providers towards people with substance use disorders[17], structural barriers to participate in services[18], and cultural competency among providers.[6] These barriers to care perpetuate the poor health outcomes of PWUD; as a result, those who most need health and social services are often the least likely to get it.

In response to increasing opioid use and mortality, the Maryland Department of Health (MDH) has identified a need to engage with people who are using drugs, to provide services that reduce overdose risk and mitigate the impact of other negative health outcome of drug use. To address some of the reasons for low engagement among people who use drugs, these services must be provided applying a harm reduction framework.

3.1.3 Harm Reduction

A harm reduction approach has been demonstrated to most effectively engage those who are using drugs, particularly people who are not currently accessing somatic or behavioral health services. Programs applying this approach build strong relationships with the drug using community, which opens lines of communication about risk reduction strategies and overdose prevention. Harm reduction approaches are "practical, feasible, effective, safe and cost-effective."[19] The Harm Reduction Coalition defines harm reduction as "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."[20] Providers who apply a harm reduction approach prioritize quality of life outcomes measures over abstinence. A focus on abstinence may ignore the myriad of social and other problems an individual faces not solely defined by their use of drugs. Other related tenets of harm reduction include ensuring people who use drugs have a voice in the programs and policies that affect them, affirming that people who use drugs are the primary agents of change in their lives and seeking to empower them to support each other in risk mitigation strategies that actually relate to the conditions of their drug use.

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[10] Maryland Department of Health and Mental Hygiene. *2016 Annual Report Implementation of Hepatitis B and Hepatitis C Prevention and Control in Maryland Health-General Article §18-1002.*

[11] https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf

[12] Maryland Department of Health. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2017. https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug_Intox_Report_2017.pdf. Accessed: September 18, 2018.

[13] Rudd, R.A., Seth, P., David, F., Scholl, L. (2016) Increases in Drug and Opioid-Involved Overdose Death—United States, 2010-2015. Morbidity and Mortality Weekly Report 65(50-51):1445-1452.

[14] Paquette CE, Syvertsen JL, Pollini RA. Stigma at every turn: Health services experiences among people who inject drugs. International Journal of Drug Policy. 2018 Jul 31;57:104-10.

[15] Latkin C, Srikrishnan AK, Yang C, Johnson S, Solomon SS, Kumar S, Celentano DD, Solomon S. The relationship between drug use stigma and HIV injection risk behaviors among injection drug users in Chennai, India. Drug and alcohol dependence. 2010 Aug 1;110(3):221-7.

[16] Paquette CE, Syvertsen JL, Pollini RA. Stigma at every turn: Health services experiences among people who inject drugs. International Journal of Drug Policy. 2018 Jul 31;57:104-10.

[17] Van Boekel LC, Brouwers EP, Van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. Drug and alcohol dependence. 2013 Jul 1;131(1-2):23-35.

[18] Stopka TJ, Hutcheson M, Donahue A. Access to healthcare insurance and healthcare services among syringe exchange program clients in Massachusetts: qualitative findings from health navigators with the iDU ("I do") Care Collaborative. Harm reduction journal. 2017 Dec;14(1):26.

[19] Harm Reduction International. 2018. *Position Statement on Harm Reduction.* <https://www.hri.global/what-is-harm-reduction>

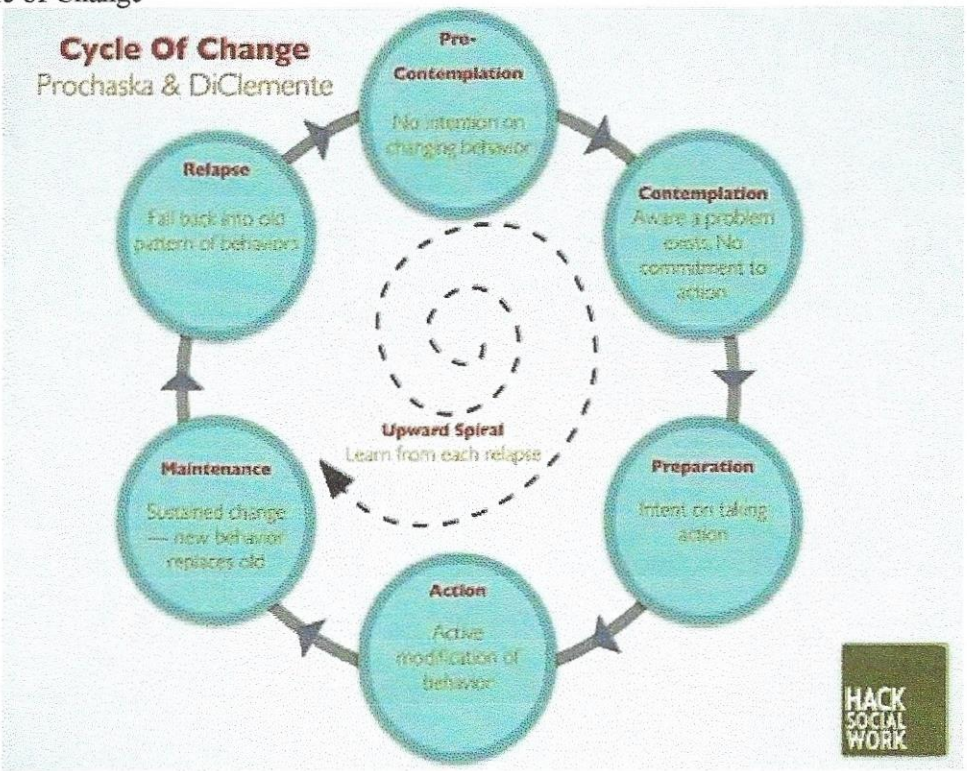
[20] Harm Reduction Coalition. 2018. *Principles of Harm Reduction.* www. https://harmreduction.org/about-us/principles-of-harm-reduction/"

Harm reduction services are provided without judgement of someone's drug use status, meaning they are not required to stop or lessen their use of drugs in order to continue service engagement. This allows for a person-first approach, therefore meaningfully engaging people ongoing. This approach manifests in low-barrier/low-threshold services, mindful of reducing the steps people must take to access them.

3.1.4 Meeting people where they are[21]

Meeting people where they are requires understanding their lives and circumstances, what objectives are important to them personally, and what changes they can realistically make to achieve those objectives. For example, abstinence may not be immediately achievable by all who use illicit substances; however, many smaller changes may be feasible and could bring substantial benefit, such as reducing the spread of infectious disease, lowering overdose risk, and improving overall physical or mental health.

EXHIBIT A: Cycle of Change



The Transtheoretical Model, also called the Stages of Change model, describes how such behavior change often occurs. The model emphasizes the need to understand the experience of the person we are trying to reach in order to help them. To promote change, interventions must be provided that are appropriate for the person's current stage in the process. The guiding principle of "meeting people where they are" means more than showing compassion or tolerance to people in crisis. This principle also asks us to acknowledge that all people we meet are at different stages of behavior change. Furthermore, recognition of these stages helps us set reasonable expectations for that encounter. For example, a person who has experienced an overdose who is pre-contemplative and has not yet recognized that their drug use is a problem may be unlikely to accept treatment when they are revived, but may benefit from clear, objective information about problems caused by their drug use and steps they can take to mitigate them. Unrealistic expectations that the person will cease drug use may cause frustration and disappointment for patients, providers, family, caregivers, and others touched by the event. Someone who is already preparing for action, however, may be ready for treatment, support, or other positive change. A positive, judgement-free encounter with first responders may provide the impetus and encouragement needed to get started. When we "meet people where they are," we can better

[21] Centers for Disease Control and Prevention. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018. Accessed [date] from http://www. cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

support them in their progress towards healthy behavior change. Recognizing the progress made as a person moves forward through the stages of change can help avoid the frustration that arises from the expectation that they will achieve everything at once.

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3.2 Application Categories and Examples

3.2.1 Application Categories

Grants will support a broad range of projects with the goal of improving services and systems of care for people who use drugs. To organize proposals, MDH requests applicants indicate under which category their proposed project falls: direct services, first responder partnerships, and/or capacity building. Grant activities may fall into multiple categories.

a) Direct services to impacted populations

Direct services include interventions provided directly to people who use drugs. These may include but are not limited to: case management, substance use disorder treatment for individuals without insurance, crisis services, housing services, and homeless services. Applicants may incorporate new services or enhance existing ones to better engage and/or serve people who use drugs.

This category also includes costs associated with the implementation of an Overdose Response Program to provide access to naloxone. If requesting ORP costs, include the number of doses of naloxone needed, but not the cost. Naloxone will be ordered by MDH and shipped directly to the grantee.

b) First responder partnerships

A variety of multidisciplinary overdose response and diversion models, led by first responders, have emerged in communities throughout the country. These models often include first responders working in partnership with service providers and peer recovery coaches to connect or link people who use drugs to needed services. Some examples of these projects include support for the planning and implementation of Law Enforcement Assisted Diversion (LEAD) and training, guidance, and materials for local EMS agencies providing naloxone leave-behind kits. Another example is EMS transport to alternative care, such as crisis stabilization centers, for people who experience an overdose.

c) Planning and capacity-building

Many worthwhile programs and projects require time for thoughtful and strategic planning to ensure successful implementation. The complexity associated with serving vulnerable and marginalized populations requires significant planning and capacity-building work. Examples of capacity building include requesting training for staff on engaging people who use drugs, sending staff to visit other similar programs, hiring of a consultant to review policies and protocols for improvements to better serve people who use drugs and their immediate associates, and methods of engaging partners for program support. This also includes capacity building for implementation of a syringe services program.

A list of example projects and interventions is attached ("Project Examples"). Proposals are not limited to this list, and applicants are encouraged to think creatively about new services, building capacity, and forming partnerships to reach, engage, and serve people who use drugs.

3.3 Scope of Work – Requirements (to be provided as part of Project Narrative, see section 4.3)

3.3.1 Proposed project:

Describe the proposed project or proposed enhancements to an existing project, including the following components:

a) Need statement: describe the issue the proposed project activities address
b) Proposed project activities
c) Resources needed, including differentiating between what applicant is requesting funding for versus what is already in place (do not include pricing here)
d) Population the project will serve
e) Evidence base for the proposed project and activities

3.3.2 Work Plan

a) The Applicant shall give a definitive description of the proposed plan to meet the requirements of the RFA, i.e., a Work Plan. The Work Plan shall include the specific methodology and techniques to be used by the Applicant in providing the required services as outlined in RFA Section 3, Scope of Work. The description shall include an outline of the overall management concepts employed by the Applicant and a project management plan, including project control mechanisms and overall timelines. Project deadlines considered grant deliverables must be recognized in the Work Plan.
b) A Work Plan template can be found in Attachment D
c) Be sure to highlight ways that individuals with lived experience will have a role in project planning and/or implementation
d) Be sure to include any project deliverables in the Work Plan

3.3.3 Evaluation

The Work Plan should include information about what data will be collected to evaluate the project objectives, and how that data will be collected.

3.4 Data and reporting

Grantees will be required to adhere to the following data and reporting requirements. Please note, MDH may change format and content requirements for reporting documents such as the quarterly narrative report, as needed.

3.4.1 Submit a quarterly narrative report with each quarterly invoice excepting the final invoice, including the following (1-3 pages):

a) Description of activities conducted
b) Number of individuals reached
c) Progress as related to project objectives described in Work Plan
d) Barriers and successes
e) Other information as requested by MDH.

3.4.2 Submit a final report by October 30, 2020. MDH will issue guidance to grantees on the content of this report.

3.4.3 Quarterly and final reports should be submitted in accordance with the following schedule:

Report	Performance period	Due date
Quarter 1 Report	July 1, 2019 – September 30, 2019	Due October 15, 2019
Quarter 2 Report	October 1, 2019 – December 30, 2019	Due January 15, 2020
Quarter 3 Report	January 1, 2019 – March 31, 2020	Due April 15, 2020
Quarter 4 Report	April, 2020 – June 30, 2020	Due July 15, 2020

Final report	July 1, 2019 – September 30, 2020	Due October 30, 2020

3.4.4 Participate in MDH evaluation activities, which may include trainings, technical assistance, interviews, surveys, and/or site visits

3.5 Invoicing

Grantees will be required to adhere to the following invoicing requirements:

3.5.1 General

a) All invoices for services shall be signed by the Grantee and submitted to the Grant Monitor. All invoices shall include the following information:

- Grantee name;
- Remittance address;
- Federal taxpayer identification number (or if sole proprietorship, the individual's social security number);
- Invoice period;
- Invoice date;
- Invoice number
- State assigned Grant number;
- State assigned (Blanket) Purchase Order number(s);
- Goods or services provided; and
- Amount due.

Invoices submitted without the required information cannot be processed for payment until the Grantee provides the required information.

b) The Department reserves the right to reduce or withhold Grant payment in the event the Grantee does not provide the Department with all required deliverables within the time frame specified in the Grant or in the event that the Grantee otherwise materially breaches the terms and conditions of the Grant until such time as the Grantee brings itself into full compliance with the Grant.

3.5.2 Invoice Submission Schedule

The Grantee shall submit invoices in accordance with the following schedule:

Quarter	Period of performance	Invoice due date
Year 1, Quarter 1	July 1, 2019 – September 30, 2019	Due October 15, 2019
Year 1, Quarter 2	October 1, 2019 – December 30, 2019	Due January 15, 2020
Year 1, Quarter 3	January 1, 2019 – March 31, 2020	Due April 15, 2020
Year 1, Quarter 4	July 1, 2019 – June 30, 2020	Due July 15, 2020
Year 2, Quarter 1	July 1, 2020 – September 30, 2020	Due October 15, 2020

SECTION 4 – APPLICATION FORMAT

4.1 Two Part Submission

Applicants shall submit the following documents together:

a) Project Narrative
b) Budget Narrative

4.2 Applications

4.2.1 Each Application shall contain an unbound original, so identified, and three (3) copies **and one labeled "*PIA Proposal Narrative"**. Unless the resulting package will be too unwieldy, MDH's preference is for the Application to be submitted in a single package including a label bearing:

a) The RFA title and number,
b) Name and address of the Applicant, and
c) Closing date and time for receipt of Applications

To the Procurement Officer prior to the date and time for receipt of Applications (see Section 1.6 "Applications Due (Closing) Date and Time").

4.2.2 Applications and any modifications to Applications will be shown only to State employees, members of the Evaluation Committee, or other persons deemed by the Department to have a legitimate interest in them.

***Redacted Public Information Act (PIA) Copy: All information submitted as part of this proposal is subject to release under the Public Information Act. Please submit a redacted PIA copy of the Proposal Narrative. The Procurement Officer must receive justifications for each section redacted as to how those sections qualify for redaction pursuant to General Provisions § 4-335 or 4-336, Annotated Code of Maryland, or under other provisions of the Public Information Act.**

4.3 Project Narrative and additional documentation

Note: No pricing information is to be included in the Project Narrative. Pricing information is to be included only in the Budget Narrative.

4.3.1 Transmittal Letter:

a) Applicant;
b) Applicant mailing address
c) Solicitation Title and Solicitation Number that the Application is in response to;
d) Signature, typed name, and title of an individual authorized to commit the Applicant to its Application;
e) Federal Employer Identification Number (FEIN) of the Applicant
f) Applicant's MBE certification number (if applicable);
g) Applicant's SBR number (if applicable)

4.3.2 The Project Narrative shall include the following documents and information in the order specified as follows:

a) **Organization Capacity**: Proposals must provide the following information:

- Brief description of what the organization does, mission, and the population served, particularly those who will benefit from the proposed program. Include the number of people served and their demographics in the last year, and geographic reach.
- Description of applicant's organization chart, identifying those responsible for implementing the proposed activities (applicants may provide a copy of the organizational chart in addition to a narrative). Include experience and capacity to provide services to people who use drugs and their associates. This may include staff experience conducting harm reduction work, the organization's policies and procedures that serve people who use drugs, history of providing harm reduction services, etc.

b) **Scope of Work, including Work Plan (as described in Section 3.3)**

4.3.3 Mandatory Requirements Documentation: The applicant shall submit documentation of tax-exempt status of the applicant or the applicant's fiscal sponsor (i.e. IRS tax-exempt status determination letter)

4.3.4 Applicant Technical Response to RFA Requirements and Proposed Work Plan:

a) The Applicant shall address each Scope of Work requirement (Section 3.2) in its Project Narrative and describe how its proposed services, including the services of any proposed subcontractor(s), will meet or exceed the requirement(s). If the State is seeking Applicant agreement to any requirement(s), the Applicant shall state its agreement or disagreement. Any paragraph in the Project Narrative that responds to a Scope of Work (Section 3.2) requirement shall include an explanation of how the work will be done. Any exception to a requirement, term, or condition may result in having the Application classified as not reasonably susceptible of being selected for award or the Applicant deemed non-responsive.

4.4 Budget Narrative

4.4.1 Under separate sealed cover from the Project Narrative and clearly identified in the format identified in Section 4.2 "Applications," the Applicant shall submit an original unbound copy of the Budget Narrative. The Budget Narrative shall contain all price information in the format specified in **Exhibit B**. The Applicant shall complete the Budget Narrative Form only as provided in the Budget Narrative Form.

4.4.2 The Applicant shall attach to the Budget Form a Budget Narrative document that details the total cost of the proposed activities. The budget categories may include: Personnel (salary and fringe), Consultants; Travel; Contractual; Supplies; Operating Costs; and Other project-related costs.

4.4.3 The State reserves the right to approve or deny budget line items and require that Applicants revise budget prior to award approval.

4.4.4 Allowable and unallowable costs:

a) The mileage rate is 54.5¢/mile.

b) While lobbying activities and advocating or organizing for particular legislation are unallowable, funded strategies may include policy information, education, and/or training.

c) Incentives

- Incentives definition: "Incentives" refer to any monetary or service benefit that you provide to program participants to attract and retain them in the service or prevention program. The dictionary defines "incentive" as "something that encourages or motivates somebody to do

something." SAMHSA discretionary grant funds may be used for non-cash incentives. Non-cash incentives to participants in treatment and prevention programs are essential to retain individuals and to encourage attendance and attainment of treatment or prevention goals. You must build all the non-cash incentives into the program design, and they should be of minimal cash value. Examples include food, prizes, and small gifts.Do not use discretionary grant funds to make direct cash payments to individuals during the treatment or prevention program.

- SAMHSA policy supports the appropriate, judicious, and conservative use of incentives in discretionary grant programs. Incentives should be the minimum amount necessary to meet the program and evaluation goals of the grant, up to $30. You should determine the minimum amount to be effective as follows:

  Before the Program: You may not use discretionary grant funds to make direct payments to individuals to induce them to enter treatment or prevention programs.

  During the Program: You may use discretionary grant funds for "wrap-around services" (non-clinical supportive services) that intend to:

  i. Improve an individual's access to and retention in treatment that is deemed essential to meeting program goals as they relate to the target population

  ii. Improve access to and retention in prevention programs

  iii. Meet abstinence benchmarks

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SECTION 5 – EVALUATION COMMITTEE, EVALUATION CRITERIA, AND SELECTION PROCEDURE

5.1 Evaluation Committee

Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below. The Evaluation Committee will review Applications and provide input to the Procurement Officer. The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.

5.2 Project Narrative Evaluation Criteria

The criteria to be used to evaluate each Project Narrative are listed below.

a) Fidelity to and commitment to harm reduction framework and evidence-based practices.
b) Plan for involving people with lived experience in project development and activities.
c) Quality and clarity of the proposal.
d) Existing capacity to perform the proposed activities, including organizational capacity as well as relationship with the target population.
e) Proposing to target and serve populations at highest risk for overdose and substance use related harms, as well as to reduce health disparities.
f) Strength of evidence of proposed activities.
g) Evaluation plans that will accommodate MDH requests for reports and other information
h) Appropriate timeline
i) Jurisdictional level of need, including rates of nonfatal overdose, overdose fatalities, and other health and drug use indicators

5.3 Budget Narrative Evaluation Criteria

All Qualified Applicants will be ranked from the lowest (most advantageous) to the highest (least advantageous) based on the rating of the Project Narratives. The Budget Narrative (including the Budget Form and Budget Narrative), will be evaluated based on reasonable cost given the time and effort described in the Project Narrative. The budget line items must adhere to the stated guidelines set forth in this RFA and as submitted on **Exhibit C** – Budget Narrative.

5.4 Selection Procedures

5.4.1 General

The Grant will be awarded in accordance with the Standard Grant Agreement method outlined in the Announcement. The State may determine an Applicant to be non-responsive and/or an Applicant's Application to be not reasonably susceptible of being selected for award at any time after the initial closing date for receipt of Applications and prior to Grant award. If the State finds an Applicant to be not responsive and/or an Applicant's Project Narrative to be not reasonably susceptible of being selected for award, that Applicant's Budget Narrative will be returned if the Budget Narrative is unopened at the time of the determination.

5.4.2 Award Determination

Upon completion of the Project Narrative and Budget Narrative evaluations and rankings, each Applicant will receive an overall ranking. The Procurement Officer will recommend award of the Grant to the responsible Applicant that submitted the Application determined to be the most advantageous to the State. In making this most advantageous Application determination, due to the fixed price technical factors will be weighted at 50% with financial factors weighted at 50%.

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RFA ATTACHMENTS

EXHIBIT B – Budget Narrative Form
This must be completed and submitted with the Project Narrative in a separate envelope.

EXHIBIT C—Budget Justification
This must be completed and submitted with the Project Narrative, along with the Budget Narrative Form, in a separate envelope.

ATTACHMENT A – Standard Grant Agreement
This is the sample grant agreement used by the Department. **It is provided with the RFA for informational purposes and is not required to be submitted at Application submission time.** Upon notification of recommendation for award, a completed standard grant agreement will be sent to the recommended awardee for signature. The recommended awardee must return to the Procurement Officer three (3) executed copies of the Standard Grant Agreement within five (5) Business Days after receipt. Upon award, a fully-executed copy will be sent to the Grantee.

ATTACHMENT B – RFA Document Checklist
Use this checklist to ensure that the required documents for the Project Narrative and Budget Narrative are completed.

ATTACHMENT C – Project Examples

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BUDGET FORM

The Budget Narrative shall contain all price information in the format specified on these pages. Complete the Budget Form only as provided in the Budget Form format. Do not amend, alter or leave blank any items on the Budget Form. Failure to adhere to any of these instructions may result in the Budget Narrative being determined non-responsive and rejected by the Department.

Submitted By:

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____

Location(s) from which services will be performed (City/State): _____

FEIN: _____

Telephone: (_____) _____-_____ Fax: (_____) _____-_____

E-mail: _____

Budget Summary

Line Item	Total Cost
Salary	
Fringe	
Contractual	
Travel	
Operating Costs	
Supplies	
Other	
Other	
Other	
Other	
TOTAL	

BUDGET NARRATIVE TEMPLATE

Sample Line Item Justification

Personnel (Preventionist): $15,600

Justification: The Preventionist will be responsible for: conducting project-related relationship-building activities with new and existing partners; developing informational materials for community leaders and the public, including fact sheets and social media posts related to the project topic; coordinating and facilitating monthly project meetings with partners; conducting awareness-building activities within key demographic areas in the community to engage the project target audience; developing and providing professional training at targeted local governmental agencies and private businesses; attending community events relevant to the project and the project's partners. The Project Coordinator will also attend RISEMD meetings, collect data, conduct evaluation activities, prepare reports, and act as a liaison with the MDH Grant Monitor.

$30/hr x 520 hours = $15,600

ATTACHMENT A – STANDARD GRANT AGREEMENT

ORGANIZATIONS RECEIVING APPROPRIATIONS FROM THE STATE
STANDARD GRANT AGREEMENT

This Agreement, which is executed in compliance with Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland, is made this _____, between the State of Maryland (the "State"), acting through the Maryland Department of Health (the "Department"), located at 201 W. Preston St. Baltimore, MD 21201 and the _____ the "Grantee"), located at _____ in _____ County, Maryland, a Maryland Corporation.

1. Effective on the date of execution of this Agreement, the State is extending to the Grantee a grant in the amount of _____ Dollars ($_____) (the "Grant"), which the Grantee shall use only for the following purposes:) to enhance or initiate harm reduction projects in community-based nonprofit organizations that seek to improve health outcomes for people who use drugs. Grants will support a broad range of project activities that apply the harm reduction framework and 1) provide services to people who are actively using drugs, without the expectation that they stop using drugs, and; 2) engage people who use drugs in a non-judgmental and non-stigmatizing manner, and 3) acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.

2. Any expenditure of Grant funds that is not consistent with purposes stated in paragraph 1 may, at the sole discretion of the Department, be disallowed. Should any expenditure be disallowed or should the Grantee violate any of the terms of this Agreement, the State may require repayment to the State Treasury, an offset from any State Grant to the Grantee in the current or succeeding fiscal year, or other appropriate action. The Grantee shall repay to the State any part of the Grant that is not used for the purposes stated in paragraph 1 within 3 months after the date of this Agreement.

3. The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least 30 calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the State a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of, unless the Department and the Grantee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980 and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b)(1).

4. For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars ($5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item or for 5 years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Grantee and the State against loss, damage, or destruction of or to the real or personal property. The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment of the State of the Grant, in the sole discretion of the Department.

5. The Grantee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with the Governor's Code of Fair practices.

6. The person executing this Agreement on behalf of the Grantee certifies, to the best of that person's knowledge and belief, that:

A.) Neither the Grantee, nor any of its officers or directors, nor any employee of the Grantee involved in obtaining contracts with or grants from the State or any subdivision of the State, has engaged in collusion with respect to the Grantee's application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;

B.) The Grantee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or
agent working for the Grantee, to solicit or secure the Grant or this Agreement, and the Grantee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement;

C.) The Grantee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the Annotated Code of Maryland, is in good standing, has filed all required annual reports and filling fees with the Department of Assessments and Taxation and all required tax returns and reports with the Comptroller of the Treasury, the Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State; and

D.) No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant.

E.) Neither the Grantee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund raising activities of the Grantee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

7. Within 60 calendar days after the close of any grant period in which the Grantee receives funds under this Agreement, the Grantee shall provide to the Department an itemized statement of expenditures, showing how the funds were expended for that grant period. In addition, a copy of the statement shall be mailed to the Director, General Accounting Division, Office of the Comptroller of the Treasury, Room 200, Louis L. Goldstein Treasury Building, Annapolis, Maryland 21401. The Grantee shall retain bills of sale or other satisfactory evidence of the acquisition of any real or personal property for at least 3 years after the date of this Agreement. The Department, the Department of Budget and Management, the State Comptroller, and the Legislative Auditor, or any of them, may examine and audit this evidence, on request, at any reasonable time within the retention period.

8. The Grantee shall comply with Section 7-221, 7-402, and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

9. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.

10. This Agreement shall bind the respective successors and assigns of the parties.

11. The Grantee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Department.

12. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

13. The following items are incorporated by referenced and made a part of this Agreement

_____

IN TESTIMONY WHEREOF, WITNESS the hands and seals of the parties.

GRANTEE	DEPARTMENT
_____	Maryland Department of Health
(Name of Corporation or Association)	(Name of Corporation or Association)
By: _____	By: _____
SEAL	SEAL
Name: _____	Name: Fran Phillips, RN MHA
Title: _____	Title: Deputy Secretary, Public Health Services, MDH
Date: _____	Date: _____

ATTACHMENT B – RFA Document Checklist

Project Narrative Checklist:

- ☐ Transmittal Letter
- ☐ Proof of tax-exempt status of the applicant or the applicant's fiscal sponsor (i.e. IRS tax-exempt status determination letter)
- ☐ Project Narrative
    - Organization capacity information
    - Scope of Work
    - Work Plan
- ☐ Letter of support from local health officer

Budget Narrative Checklist:

- ☐ Budget Form *(See Exhibit B – Budget Form)*
- ☐ Budget Narrative *(See Exhibit C – Budget Narrative)*

Attachment C – *Project Examples*

Definitions:

- Harm reduction: providing services to people *who* use *drugs* with*out* expect*ation* that th*ey* st*o*p us*ing* drugs. *Engagement of* people *who* use drugs is non-judgmental and non-stigmatizing.
- Low threshold: eliminating as many barriers as possible to care, such as intake procedures or drug abstinence requirements.
- Peer-based: programs that utilize individuals with lived experience to provide services.
- Housing First: model of providing housing as quickly as possible to individuals experiencing homelessness without barriers to entry such as abstinence from drug use, criminal background, or treatment service participation requirements.
- Medication First: programs that prioritize individuals receiving medication assisted treatment, such as buprenorphine or methadone, as quick*ly* as possible, prior to assessment or treatment planning; medication is delivered without arbitrary tapering or time limits; psychosocial services are offered but not a requirement of treatment.
- Integration: making multiple services available at a single point of engagement.

Examples of Programs that Engage and Support People Who Use Drugs

Type of Program	Model Programs *(click on any for more information)*	Peer-reviewed articles and other resources
Low threshold drop-in space for people who use drugs/ harm reduction services as engagement and access to care	• Washington Heights Corner Project, New York, New York • Lower East Side Harm Reduction Center, New York, New York • HIPS, Washington, D.C • Missouri Network for Opiate Reform and Recovery, St. Louis, Missouri • Wish Drop In Centre Society, Vancouver, Canada	• McNeil R, Guirguis-Younger M, Dilley LB, Aubry TD, Turnbull J, Hwan; SW. Harm reduction services as a point-of-entry to and source of end-of-li care and support for homeless and marginally housed persons who use alcohol and/or illicit drugs: a qualitative analysis. BMC Public Health. 201 Dec;12(1):312. LINK
Comprehensive, harm reduction-based case management	• Law Enforcement Assisted Diversion (LEAD) model of case management	• Clifasefi SL, Lonczak HS, Collins SE. Seattle's Law Enforcement Assiste Diversion (LEAD) program: Within-subjects changes on housing, employment, and income/benefits outcomes and associations with recidivi Crime & Delinquency. 2017 Apr;63(4):429-45. LINK
Law-Enforcement	• Law Enforcement Assisted Diversion (LEAD)	• Multiple evaluations of various program components and outcomes availa

Assisted Diversion	• *National model with local program examples* in Baltimore City and Washington County	here
Low threshold buprenorphine induction/prescribing	• San Francisco Department of Public Health's Street Medicine Team's homeless outreach • New York City primary care clinic • Harm Reduction Coalition Buprenorphine Program, New York, New York	• Bhatraju EP, Grossman E, Tofighi B, McNeely J, DiRocco D, Flannery M Garment A, Goldfeld K, Gourevitch MN, Lee JD. Public sector low thresh office-based buprenorphine treatment: outcomes at year 7. Addiction scier & clinical practice. 2017 Dec;12(1):7. LINK • Stancliff S, Joseph H, Fong C, Furst T, Comer SD, Roux P. Opioid maintenance treatment as a harm reduction tool for opioid-dependent individuals in New York City: the need to expand access to buprenorphine/naloxone in marginalized populations. Journal of addictive diseases. 2012 Jul 1;31(3):278-87. LINK
Peer-based education distribution of harm reduction supplies	• New York Harm Reduction Educators • Urban Survivor's Union • The Peoples Harm Reduction Alliance	• Latkin CA, Knowlton AR. Social network assessments and interventions f health behavior change: a critical review. Behavioral Medicine. 2015 Jul 3;41(3):90-7. LINK • Latkin C, Donnell D, Liu TY, Davey-Rothwell M, Celentano D, Metzger I The dynamic relationship between social norms and behaviors: the results an HIV prevention network intervention for injection drug users. Addictio 2013 May;108(5):934-43. LINK • Marshall Z, Dechman MK, Minichiello A, Alcock L, Harris GE. Peering i the literature: A systematic review of the roles of people who inject drugs harm reduction initiatives. Drug and Alcohol Dependence. 2015 Jun 1;151 4. LINK • Harm Reduction at Work: A Guide for Organizations Employing People w Use Drugs • Good Practice Guide for Employing People Who Use Drugs
Housing First models	• The Open Door	• Tsemberis S, Gulcur L, Nakae M. Housing first, consumer choice, and har reduction for homeless individuals with a dual diagnosis. American journa public health. 2004 Apr;94(4):651-6. LINK
Programs aimed at providing support and connection to services for pregnant women and parents who are continuing to use drugs	• Families in Recovery Combined Care Service (FIR) • The Dartmouth-Hitchcock Perinatal Addiction Treatment Program	• Poole N, Urquhart C, Talbot C. Women-centred harm reduction, gendering the national framework series (Vol. 4). Gendering the National Framework 2010. LINK

Alcohol Management Programs	• Pauly B, Vallance K, Wettlaufer A, Chow C, Brown R, Evans J, Gray E, Krysowaty B, Ivsins A, Schiff R, Stockwell T. Community managed alcol programs in Canada: Overview of key dimensions and implementation. Dı and alcohol review. 2018 Apr;37:S132-9. LINK • Podymow T, Turnbull J, Coyle D, Yetisir E, Wells G. Shelter-based mana alcohol administration to chronicallyhomeless people addicted to alcohol. Canadian Medical Association Journal. 2006 Jan 3;174(1):45-9. LINK

Attachment D – *Work Plan template*

Maryland Department of Health
Harm Reduction Grant Work Plan
July 1, 2019 – September 30, 2020

Work Plan Program Component:_____

Project goal: Reduce overdose deaths in the county by providing naloxone to people who use drugs who have experienced a prior overdose. Increase instances of bystander naloxone administration.		**Measures of Effectiveness:** 1. Percent of all EMS overdose responses where a naloxone kit was left behind 2. Percent of all EMS overdose response calls where naloxone had already been administered upon arrival. 3.		
Objectives	**Activities Planned To Achieve This Objective**	**Data**	**Time-frame for Assessing Progress**	**Team Members Responsible**
Example: 1. By September 30, 2020, EMS will distribute naloxone kits and provide training and information at 80 percent of all overdose scenes responded to.	1. Partner with EMS LB program in neighboring county's EMS LB program to conduct 3 training sessions for EMS providers. 2. Develop an MOU for data-sharing and naloxone distribution with EMS leadership. 3. Equip all vehicles from __#__ of the county's EMS providers with naloxone, and establish mechanism for replenishing supply. 4. EMS providers dispense naloxone kits to individuals who overdosed and/or their families when responding to the scene of a drug overdose.	1. Completed evaluation surveys from training sessions with EMS. 2. Signed MOU between EMS and County Health Department and protocols 3. Excel spreadsheets extracted from emeds reports for each month tracking all	1. Midway through FY20 (December 31, 2019) 2. Midway through FY20 (December 31, 2019) 3. Monthly starting midway through project period (December 31, 2019)	Overdose Response Program Coordinator, EMS LB Program manager

		overdose response cases and percent of cases where naloxone was left behind.		

Workplan Program Component:_____

Project goal:		**Measures of Effectiveness:** 1. 2. 3.		
Objectives	**Activities Planned To Achieve This Objective**	**Data**	**Time-frame for Assessing Progress**	**Team Members Responsible**

Workplan Program Component:_____

Project goal:		**Measures of Effectiveness:** 1. 2. 3.		
Objectives	**Activities Planned To Achieve This Objective**	**Data**	**Time-frame for Assessing Progress**	**Team Members Responsible**

Workplan Program Component: _____

Project goal:		**Measures of Effectiveness:** 1. 2. 3.		
Objectives	**Activities Planned To Achieve This Objective**	**Data**	**Time-frame for Assessing Progress**	**Team Members Responsible**